



State of Colorado

TEMPORARY POSITION DESCRIPTION

Use this document for **temporary positions only**. **PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.**

INSTRUCTIONS: Agency Code is the three-character code used by COFRS. For example, the Department of Revenue is TAA.
Principal Department or equivalent means what is created by law or recognized in personnel rule.

Agency Code _____ Position Number _____				
Principal Department/Agency/University or Equivalent _____				
Division or Equivalent _____				
Work Unit or Equivalent _____				
Work Address _____				
Street or Box #		Bldg. And Room #	City	Zip
Requested Class Title _____ Class Code _____				
Anticipated Begin Date _____ Anticipated End Date _____ % of Time _____				

INSTRUCTIONS: List the major job duties performed by the position. Fill in the percent of time. For purposes of the American with Disabilities Act, all job duties for this temporary position will be considered essential functions. Do not list incidental tasks.

%	Duty
%	Duty

%	Duty
%	Duty
%	Duty

Reason for Request: Check one.

☐ One time project.
 ☐ Special grant.
 ☐ Work load.

☐ Fill in for permanent employee who is on leave. Permanent position's number _____

☐ Other. Please specify _____

Management Approval

As I am legally accountable for the assignment, I understand that I am responsible for the accuracy of this questionnaire. I certify that, to the best of my knowledge, this document is an accurate and complete representation of the position.

_____ () Ext. _____
 Immediate Supervisor Name (Print) Work Phone

 Immediate Supervisor Signature Date

_____ () Ext. _____
 Next Higher Supervisor Name (Print) Work Phone

 Next Higher Supervisor Signature Date

 Approving/Reviewing Official Name (print) Title (print)

 Signature Date

PERSONNEL USE ONLY

JOB EVALUATION REPORT/NOTICE FOR TEMPORARY POSITIONS

Instructions: This page is for the creation of temporary positions. Do not use any other job evaluation report. **THIS FORM IS USED ONLY FOR TEMPORARY POSITIONS.**

Date Received _____ Date Reviewed _____ Effective Date _____

Agency Code _____ Position Number _____ Action Number _____

Reviewer's Name _____

Document is: ____ complete ____ incomplete and returned (indicate below the date and reason(s))

The official job description is accurate. Based on a review of the attached description and any other available sources of information, this position is allocated to:

Class Title _____

Class Code _____ Pay Grade _____

Position's FLSA Status is non-exempt.

Other Comments

Approving Authority _____

Date

